SUPREME COURT OF THE STATE OF NEVADA

TONEY A. WHITE,)	Electronically Filed Aug 06 2019 04:52 p.m. Elizabeth A. Brown Clerk of Supreme Court Supreme Court No: 78483
Appellant,)	D.C. case no.: C-16-313216-2
)	Dept.: XII
V.)	
STATE OF NEVADA,)	E-filed
)	
Respondent.)	
)	

MOTION TO STAY APPELLATE PROCEEDINGS AND REMAND TO

DISTRICT COURT FOR MOTION TO WITHDRAW GUILTY PLEA

Comes now the Defendant, Toney Anthony White, and moves this Honorable Court to Stay his Appeal pending in case number 78483 and remand his case to District Court so he can file a Motion to Reconsider Denial of his Motion to Withdraw his Guilty Plea based upon new evidence of his mental/medical condition at the time of his plea.

As grounds for this Motion, Defendant Toney A. White submits that his plea of guilty was involuntary and unintelligent based upon his medical conditions at the time he entered his plea. Defendant submits a review of the Defendant's medical/psychiatric history will establish that he was heavily medicated while in custody, taking anti-psychotic medicine which altered his perceptions at the time he entered his plea. (See Exhibit A, medical records from CCDC)

Wherefore, Defendant respectfully requests his case be remanded forthwith to the District Court so he can establish at an evidentiary hearing that he did not fully understand the consequences of his plea. Only after a <u>full</u> review of all the circumstances of the Defendant's plea can a fair decision on his case be made and his unjust conviction and sentence be corrected by allowing his plea to be withdrawn.

DATED this 6th day of August, 2019

/s/ Terrence M. Jackson
Terrence M. Jackson, Esquire
Law Office of Terrence M. Jackson
terry.jackson.esq@gmail.com
Counsel for Appellant, Toney A. White

. . .

CERTIFICATE OF SERVICE

I certify that on the 6th day of August, 2019, I served a copy of this Motion to Stay Appellate Proceeding and Remand to District Court for Withdrawal of Guilty Plea upon all counsel of record:

[X] Via Electronic Service (eFlex) to the Nevada Supreme Court;

[X] and by United States first class mail with postage affixed to the Nevada

Attorney General and to the Defendant as follows:

STEVEN B. WOLFSON STEVEN S. OWENS

Clark County District Attorney Chief Deputy D.A. - Criminal

steven.wolfson@clarkcountyda.com APPELLATE DIVISION

steven.owens@clarkcountyda.com

TONEY A. WHITE, ID#1214172 AARON D. FORD, ESQUIRE

H.D.S.P. - P.O. Box 650 Nevada Attorney General

Indian Springs, NV 89070-0650 100 North Carson Street

Carson City, Nevada 89701

By: <u>/s/ Ila C. Wills</u>

Assistant to T. M. Jackson, Esq.

SUPREME COURT OF THE STATE OF NEVADA

TONEY A. WHITE

Supreme Court No: 78483

Appellant

E-filed

EXHIBIT 'A'

MEDICAL RECORDS FROM CCDC





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LAS VEGAS METROPOLITAN POLICE DEPARTMENT CLARK COUNTY DETENTION-CENTER



MEDICAL/DENTAL/PSYCHIATRIC REQUEST

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LAS VEGAS METROPOLITAN POLICE DEPARTMENT CLARK COUNTY DETENTION CENTER



MEDICAL/DENTAL/PSYCHIATRIC REQUEST

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Your independent health care choice.

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LAS VEGAS METROPOLITAN POLICE DEPARTMENT CLARK COUNTY DETENTION CENTER

MEDICAL/DENTAL/PSYCHIATRIC REQUESTS

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Your independent health care choice.

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그 문화가 없고 하이 되는 저는 어른 회에 가장하게 살아 주었다.	e. Tol Newart Files Loustin Med 28.3%
Hologish ID MIL TON	1 10 1/1/1000 THEN LARSON MED 28.3% The CONTROL 200 Mg TAL
Benziornie Mesylate	Into Tob
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my refusal and hereby release a	responsibility for all of the risks and consequences of nd agree to hold harmless NaphCare, Inc. and its consibility and ill effect which may occur as a result of sposed recommendation(s).
	alloched and
Patient Signature	<u>#1/25/2019 2000</u> Date/Mme
T13856L	$\mathcal{A}_{\mathbf{k}}$
Witness	Witness



Toney Whole	12019
Name of Patient	Date
82-10190 7/19/12	
82-10190 11917 2 Patient ID Number / Date of Birth	
I have hereby clearly expressed or in	dicated a decision to refuse to accept the
following medical treatment/recommendation	ns:
leve live delan im	Sertmline 30mg
levelira celam 1000mg	医多毛性结合体 医动物性 化甲基磺胺 化水油医尿性溶液 经销售 经工作 医皮肤 医二十二氏
haloperudol IS ng	natural fiber
benztropine Img	Sluronazole 400mg
The above treatment/recommendation	ns and the risks and benefits involved have
been satisfactorily explained to me. In add	
questions about the proposed recommendat	ion and have had these answered to my
satisfaction.	
I have decided NOT to accept/permi	t the treatment/recommendations listed
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my refusal to accept/permit the proposed reco	"你一点,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的。"
	120/19:0800
Patient Signature	Date/Time
4/911	(X) (n n)
	Mealady PW
Witness	Witness



WHITE, TONEY	1/29/19
Name of Patient	Date
827-790 7/19/1972	
Patient ID Number / Date of Birth	
I have hereby clearly expressed or indicat following medical treatment/recommendations:	ed a decision to refuse to accept the
KEPPRA 1000-9, HAROPETIDOL	long COLENTIN lung
METAMUCIL, FLUCINAZIE 400	mi:
	J
been satisfactorily explained to me. In addition questions about the proposed recommendation satisfaction. I have decided <u>NOT</u> to accept/permit the above and understand that my failure to follow seriously affect my health.	and have had these answered to my e treatment/recommendations listed
By signing below, I assume responsibility for my refusal and hereby release and agree to he employees and agents from all responsibility and il my refusal to accept/permit the proposed recomm	old harmless NaphCare, Inc. and its I effect which may occur as a result of
Patient Signature	Date/Time
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Withess	Witness



8270190 7/19/12	연방 사용 하는데 반면 사람들은 용어 발전 병원이를 받으셨다.
Patient ID Number / Date of Birth	
I have hereby clearly express following medical treatment/recomm	ed or indicated a decision to refuse to accept the nendations:
leveloracetam 1000mg	sertraline 50mg
haloperidol 15mg	natural laxative
benztropune Ima	flucionazok 400mg
satisfaction.	nmendation and have had these answered to my
	pt/permit the treatment/recommendations listed ire to follow the advised medical treatment may
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Toney White Name of Patient	
8270790 7/19/19	,我们就是一个人,我们就是一个 的人,我们就是一个人,我们就是是一个人,我们就是这个人,我们就是一个人,我们就是一个人,我们就是这个人,我们就是这个人,也不是不
Patient ID Number / Date of Bir	th
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following medical treatment/re	法数据数据数据数据数据数据 医静脉 医动脉动脉 化氯化二甲基二甲基二甲基甲基苯甲基苯甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲
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refused	431/0 0800
Patient Signature	Date/Time
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Withess	Witness



MAR

PICTURE NOT AVAILABLE

Patient:

WHITE, TONEY ANTHONY

#:

08270790

HIDDEN

Lang:

DOB:

7/19/1972 (Age=46) LVMPD-ST-2J-09-S Sex:

8.6

Race:

В

Housing: Status:

ACTIVE

SSN: Booking Date:

2/3/2016 12:00:00 AM Pacific Standard Time

Type: Release:

Allergies: Carbamazepine, Depakote, Dilantin, Phenobarbital

Name	Directions	Start	Stop	Provider Name		Placed By	Additional Information	Date Created	Discontinued By	Discontinued Date	Discontinued Reason
LevETIRAcetam	Take 1000	12/19/2018	3/18/2019	MARTINEAL	U, [Daryl		12/19/2018			
Oral 500 MG	mg by		11:59 PM	KYLE PA	F	hillips		9:25 AM			
Tablet	mouth		Pacific		F	RN		Pacific			
	twice a		Daylight					Standard			
	day for 90		Time					Time			
	day(s).										
Haloperidol Oral	Take 15	12/15/2018	3/14/2019	FISHER,	1	Terri	for AVH	12/15/2018			
5 MG Tablet	mg by	8:00 AM	11:59 PM	TERRI NP	F	isher NP		4:52 PM			
	mouth	Pacific	Pacific					Pacific			
	once in	Standard	Daylight					Standard			
	the	Time	Time					Time			
	morning										
	for 90 day						1 11				
	(s). *for										
	AVH.										
Haloperidol Oral	Take 10	12/15/2018	3/14/2019	FISHER,	1	erri	for AVH	12/15/2018			
10 MG Tablet	mg by	8:00 PM	11:59 PM	TERRI NP	F	isher NP		4:51 PM			
	mouth	Pacific	Pacific					Pacific			
	once	Standard	Daylight					Standard			
	before	Time	Time					Time			
	bedtime								•		
	for 90 day										
	(s). *for										
	AVH.										
Benztropine	Take 1 mg	1/20/2019	4/19/2019	FISHER.	Т	erri		12/15/2018			
Mesylate Oral 1	by mouth		11:59 PM	TERRI NP		isher NP		4:51 PM			
MG Tablet	twice a		Pacific					Pacific			
INO INDICT	day for 90		Daylight					Standard			
	day(s).		Time					Time			
	uay(s).		1 14116								

Name	Directions	Start	Stop	Provider Name	Placed By	Additional information	Date Created	Discontinued By	Discontinued Date	Discontinued Reason
		1/20/2019	4/19/2019		Terri		12/15/2018			
Sertraline HCI	Take 50	1/20/2019		TERRI NP	Fisher NP		4:50 PM			
Oral 50 MG	mg by		11:59 PM	I ETCICLINE	FISHEI NF		Pacific			
Tablet	mouth		Pacific				Standard			
	once in		Daylight							
	the		Time				Time	•		
	morning									
	for 90 day									
	(s).								<u> </u>	<u></u>
Natural Fiber	Take 1 by	11/21/2018	2/18/2019	MARTINEAU,	Scott		11/21/2018			
Laxative Oral	mouth		11:59 PM	KYLE PA	Blondeaux		11:47 AM		rangan dan salah sal Basaran salah	
28.3 % Powder	twice a		Pacific		Charge		Pacific			
	day for 90		Standard		RN		Standard			
	day(s).		Time				Time	•		
							44400040			
Fluconazole	Take 400	11/21/2018		MARTINEAU,	Kyle		11/16/2018			
Oral 200 MG	mg by		11:59 PM	KYLE PA	Martineau		11:52 AM			
Tablet	mouth		Pacific		PA		Pacific			
	twice a		Standard				Standard			
	day for 90		Time				Time			
	day(s).									
Lower Bunk	once	3/1/2018	2/28/2019	WILLIAMSON,	Camisha		3/1/2018			
	before		11:59 PM	LARRY MD	Gathright		8:32 AM			
	bedtime		Pacific		LPN		Pacific			
1.	HS		Standard				Standard			
	1.7		Time				Time			

STEINBERG DIAGNOSTIC MEDICAL IMAGING CENTERS

Phone: (702) 732-6000 www.sdmi-ly.com

Fax: (702) 732-6071

Patient Name: Toney White

Patient: Toney White

Physician: Kyle Martineau PA-C

SDMI#: 1614330 Pt. DOB: 07/19/1972 Dr. Fax: (702) 366-0576 Dr. Phone: (702) 671-5698

Pt. Sex: Male

Dr. Addr.: 330 S Casino Center Blvd Las Vegas, NV 89101

Date of Service: 12/14/18 SDMI Location: NW

Cc:

MRI BRAIN WITH AND WITHOUT CONTRAST

CLINICAL HISTORY:

Seizure disorder.

TECHNIQUE:

Sagittal T1, Axial T2, Axial FLAIR, . Axial and coronal T1 post gadolinium. 10 cc's IV dotarem administered.

COMPARISON:

No significant change compared with May 2018

Favor moderate supratentorial small vessel ischemic change advanced for age. No change in numerous bilateral fairly symmetrical subcentimeter supratentorial white matter abnormalities. Largely subcortical and deep white. No individual focus or pattern that would implicate demyelinating disease/MS based on the MRI. Correlate with neurologic exam. No mass. Large vessel flow voids are patent. There is no restricted diffusion.

IMPRESSION:

No significant change. Favor moderate supratentorial small vessel ischemic change advanced for age

Interpreted by: David Browne

12/14/2018 1:25 PM

Electronically approved by: David Browne, M.D. Date: 12/14/18 13:55

Physician Access To Images and Reports Is Available Online at www.sdmi-lv.com

2767 N. Tenaya Way, Las Vegas, NV 89128 4 Sunset Way, Building D. Henderson, NV 89014 800 N Gibson Rd Ste 110. Henderson, NV 89011 2950 S. Maryland Pkwy, Las Vegas, NV 89109 6925 N Durango Dr. Las Vegas, NV 89149 800 Shadow Ln. Las Vegas, NV 89106

2850 Siena Heights, Henderson, NV 89052 9070 W. Post Road, Las Vegas, NV 89148



Clark County Detention Center 330 S. Casino Center Blvd. Las Vegas, NV 89101 702-671-5698

Offsite Healthcare Authorization

This section to be completed by NaphCare Staff - Approval Number - TC161101

2) Inmate's ID 1) Inmate's Name (Last, First Middle Initial) 3) Date of Birth WHITE, TONEY A Number 7/19/1972 08270790 5) Gender 6) Book Date / Release Date 4) Social Security Number M 2/3/2016 / Responsible Party Electronically signed by Reprice by NaphCare **MARTINEAU, KYLE (1235676610)** 12/18/2018 1:53:25 PM

8) Reason

F/U after MRI of brain

9) Allergies

Carbamazepine, Depakote, Dilantin, Phenobarbital

10) Order

11) Transportation Type

Unknown

DR. KEVIN XIE 3006 S. MARYLAND PKWY STE 765, 7TH

FLOOR LAS VEGAS, NV 89109 P 702.731.8115

12) History of Present Illness / Current Symptoms / Current Treatments / Medications

LevETIRAcetam Oral 500 MG Tablet, Haloperidol Oral 5 MG Tablet, Haloperidol Oral 10 MG Tablet, Benztropine Mesylate Oral 1 MG Tablet, Sertraline HCl Oral 50 MG Tablet, Natural Fiber Laxative Oral 28.3 % Powder, Fluconazole Oral 200 MG Tablet, Lower Bunk

Asthma, Seizure Disorder

13) Type Requested (E.G. Cardiology, Surgical Consult, CT/MRI) 14) Details

Neurology

15) Name of Facility / Physician Where Services Requested

16) Service Date

PLACECARD PROVIDER

1/30/2019 11:00:00 AM

17) Facility / Physician Address

DR. KEVIN XIE 3006 S. MARYLAND PKWY STE 765, 7TH FLOOR LAS VEGAS, NV 89109 P 702.731.8115

Instructions to Off Site Providers

- NaphCare will not be financially responsible for any non-emergency treatments that are not directly related to the diagnosis printed on this form.
 To obtain authorization for additional treatments, you must contact NaphCare Utilization Approval by calling (205) 536-8400 or (800) 834-2420 ext. 8695.
- 2. Because of security concerns, immates must NOT be informed of follow-up appointments or possible hospitalization.
- 3. Complete the bottom portion of this form, place it in a sealed envelope, and give to the Correctional Officer when the inmate is returned.
- 4. Use the Inmate's I.D. Number as the Insured I.D. Number on claim forms.

This	section	to be	comp	oleted	by	off	site	prov	rider

Findings

Medication Changes

Recommendations

1) lab
2) Aspirin 81 mg daily
31 continu an other meds
4) See Prxie in 3 M

Provider's Signature:

Date

2

1/30/19

Kevin Xie, MD, PHD, MBA, Neurologist, Epileptologist Board Certified in Adult Neurology and Epilepsy

Nevada Neuroscience Institute

Sunrise Hospital & Medical Center

3006 Maryland Parkway, Suite 765 Las Vegas, NV 89109

Phone: 702-961-7310; Fax: 844-231-4920

See my assistant before you leave the clinic and keep this sheet for your record

Old record, Old CT or MRI film and report, EEG report,

Patient agreement form, Urine drug screen, PDMP

CT, MRI/MRA/MRV, Pet, Wada, DATSCAN, US

EEG (routine), Sunrise Hospital Inpatient EEG Monitoring (Dr. Xie)

EMG, Here at Dr. Xie's Clinic,

LAB.

Referral,

PT, OT, Speech, Dietitian Neuropsychology test National registry for women with epilepsy and pregnancy, CBD oil

VNS for epilepsy, Neuropace for epilepsy, Cefaly for migraine/Headache, Eneura Spring TMS for migraine, DBS for tremor and PD Wrist splint. DMV form. Letter.

Trigger point injection, Occipital nerve block, Botox injection Preauthorization

Continue all medications

New Medication:

baby Aspirin

Next Office visit:

To view your test results, please sign in patient portal of our EMR system (ECW). The results will be available as soon as physicians review them.

Otherwise, they are also available on next office visit. You will not receive notification in the mail.

8.10 hra 8astina

Order Form

385711NN1 NV NEUROSCIENCES INST

9 3006 S MARYLAND PKWY, STE 765 LAS VEGAS, NV, 891092246

€ 702-961-7310 膏 844-231-4920

Reg/Ctrl# (CD-): 318138811 KEVIN C XIE, MD NPI: 1700868155

Neurology

White, Toney, Male, 07/19/1972 ID: 8X301694482 **5** 702-671-5698

9 330 S CASINO CENTER BLVD, LAS VEGAS, NV, US 89101-6102

Today: 01/30/2019 12:21 PM Order Date: 01/30/2019 11:00 AM

Primary Insurance Name: NAPHCARE INC

Insurance Address: 2090 COLUMBIANA RD STE 4000 , BIRMINGHAM , AL , 352162158

Subscriber Number: TC142286 Insured Name: White, Toney

Address: 330 S CASINO CENTER BLVD, LAS VEGAS, NV, US 89101-6102

Priority	Lab	Fast	Source/Coll Date and Time	Assessment((s)	Clinical Info	
Routine	LEVETIRACETAM (QLV-15142X)	No		- G40.909, disorder	Seizure		
Routine	LIPID PANEL (80061)	No	ngana angan inggan pinan meranderah berbukan bilanggan berbukan berbukan bilanggan berbukan berbukan berbukan	- G40.909, disorder	Seizure		
Routine	Oxcarbazepine (Trileptal),S (L-716928)	No		- G40.909, disorder	Seizure	Control Comments	

Electronically Signed By: KEVIN C XIE, MD

Signature of Patient/Guardian

DATE	TIME		INAMTE		HOUSING	ADDRESS
					-ST	DR. KEVIN XIE
WED	11:00 AM		WHITE, TONEY			3006 S. MARYLAND PKWY
			#08270790		-2J	STE 765, 7TH FLOOR
1/30	EST		7/19/1972			LAS VEGAS, NV 89109
	/ 1	//	MAX/PC		-09	P 702.731.8115
	V		MACI			
SPECIALTY: NI	EURO					ROUTINE
SCHEDULED V	VITH: JORDAN			CONFIRM	IED WITH:	Sharon
OFFSITE NOTE						
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ALL THE STATE OF T						

PLEASE DO NOT SHARE ANY FUTURE APPOINTMENTS WITH THE PATIENT

PLEASE RETURN PACKET TO: NORTH TOWER THIRD FLOOR MEDICAL ADMIN OFFICE.

	<u>EC</u>	OR OFFICER USE ONLY		
A STATE OF THE STA				
CIRCLE ONE:	COMPLETED	REFUSED	RELEASED	OTHER
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INMATE SIGNATURE FOR REFUSAL:



WHITE TONEY	2/9/14
Name of Patient	Date
827079. 7/19/1072	
Patient ID Number / Date of Birth	
I have hereby clearly expressed	or indicated a decision to refuse to accept the
following medical treatment/recommend	
FLUCONAZOLE GOOM, N	IETAMUCIL, KETPPA 1000mg,
COGENTIN Lung, HALDO	of long
I have decided <u>NOT</u> to accept/property above and understand that my failure seriously affect my health.	endation and have had these answered to my permit the treatment/recommendations listed to follow the advised medical treatment may
my refusal and hereby release and ag	nsibility for all of the risks and consequences of ree to hold harmless NaphCare, Inc. and its ility and ill effect which may occur as a result of d recommendation(s).
Patient Signature	Date/Time
01/1/1960	mornings UPN
Witness	Witness



WHITE, TONEY	2/5/19
Name of Patient	Date
8270790 7/19/1972	
Patient ID Number / Date of Birth	
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HALTOL LOW, KEPPRA	600 mg:
J.	
questions about the proposed recommendation satisfaction. I have decided NOT to accept/permit above and understand that my failure to fol seriously affect my health.	t the treatment/recommendations listed
By signing below, I assume responsibilimy refusal and hereby release and agree to employees and agents from all responsibility among the proposed recommendation accept/permit the proposed recommendation.	nd ill effect which may occur as a result of
Patient Signature	Date/Time
O 12606	Moanuso, UN
Witness	Witness



WHITE TONEY
Name of Patient Date
8270790 7/19/1972
Patient ID Number / Date of Birth
I have hereby clearly expressed or indicated a decision to refuse to accept the following medical treatment/recommendations:
FLUCONAZOLE YOUNG MOTORNICL, COKENTIN INV.
HOLDOL LONG, KEPPRO 1060 mg
The above treatment/recommendations and the risks and benefits involved have been satisfactorily explained to me. In addition, I have had the opportunity to ask questions about the proposed recommendation and have had these answered to my satisfaction. I have decided NOT to accept/permit the treatment/recommendations listed above and understand that my failure to follow the advised medical treatment may seriously affect my health.
By signing below, I assume responsibility for all of the risks and consequences of my refusal and hereby release and agree to hold harmless NaphCare, Inc. and its employees and agents from all responsibility and ill effect which may occur as a result of my refusal to accept/permit the proposed recommendation(s).
Patient Signature Date/Time
Well 1,604 mounts, up
Witness



loney white		Attack of the Anti-Anti-Anti-Anti-Anti-Anti-Anti-Anti-
Name of Patient	Date	
81,70790 7/19/7		
Patient ID Number / Date of B		
I have hereby clearly	expressed or indicated a decis	sion to refuse to accept the
following medical treatment/	recommendations:	
coorne ed.	hand - la	01
asperon 81mg	benztropine Ima	fluconazole 400m
leveturacetam 1000ma	Setroline Soma	
haloperidol 15mg -	natural liber	
	recommendations and the risk	s and honofits involved have
been satisfactorily explained		
questions about the propose	d recommendation and have	had these answered to my
satisfaction.		
	to accept/permit the treatme	
above and understand that i	my failure to follow the advis	sed medical treatment may
seriously affect my health.		
	ume responsibility for all of th	
my refusal and hereby relea		
employees and agents from al		
my refusal to accept/permit th	ne proposed recommendation(ŝ).
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	Name of Patient	Date	
	8270790 /07-19-197		
	Patient ID Number / Date of Birth		
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	Busitopia Mosulato	Im Toblat a latine	1 Tilore Lovertine
	Bensetropie Mary Inter 28.3% Konder, Huce woods	200 me Tablet	
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	By signing below, I assume my refusal and hereby release all employees and agents from all responsy refusal to accept/permit the profusal formula and the profusal formula	onsibility and ill effect which i	NaphCare, Inc. and its
	he fuged	2/1/19	2000
	Patient Signature	Date/Time	
	Month	1	
~	Witness	Witness	

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Name of Patient	Date	
8270790/07-19+972		
Patient ID Number / Date of Birth		
I have hereby clearly expressed following medical treatment/recommend	or indicated a decision to refuse to accept t dations:	he
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Holoperidal 10mg Intled;		-
Benztrapin Megylote Ime Tob	•	·
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Patient Signature	<u>2~9-907/ 2 /00/</u> Date/Time	ingeri
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Witness	Witness	To A Alberta



White lawn	2 9 2019	
Name of Patient	Date	· · · · · · · · · · · · · · · · · · ·
Chia and a 7 14 15 a		
<u>\$27</u> 0790 7 19 1972 Patient ID Number / Date of Birth		
ration to Number / Date of Birth		
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Rossatropio Meglate Pour Toto	Natural Fibia 28.3%	Panden
Thurmaphe com Tablet		
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I have decided <u>NOT</u> to accept/pern above and understand that my failure to f seriously affect my health.		
By signing below, I assume responsib my refusal and hereby release and agree employees and agents from all responsibility my refusal to accept/permit the proposed re	to hold harmless NaphCa and ill effect which may oc	are, Inc. and its
Langel	2-9-2019	
Patient Signature	Date/Time	
17 1/0 6475	da	
Witness	Witness	<u> </u>



WHITE TONEY	2/10/19
Name of Patient	Date
270790 7/19/1972	
Patient ID Number / Date of Birth	
I have hereby clearly expressed of following medical treatment/recommendations	r indicated a decision to refuse to accept thations:
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Patient ID Number / Date of Birth	
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Patient Signature	Date/Time
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White, JANDY	2-16-2019
Name of Patient	Date
8270790/07-19-1972	
Patient ID Number / Date of Birth	
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8270790 1119172	
Patient ID Number / Date of Birth	
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Patient ID Number / Date of Birth	
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LAS VEGAS METROPOLITAN POLICE DEPARTMENT CLARK COUNTY DETENTION CENTER

70 3/4/19

MEDICAL/DENTAL/PSYCHIATRIC REQUEST

Name: WH ##E	TONEY Date of Birth: 07/19/72	ID: <u>0270790</u> Date: <u>03/05/19</u>	
Housing: 23-09	Date of Birth: ©7/19/72	Date: <u>63/05/74</u>	
Description of Illness or Injury:	ppeudous 4 Had.,	A BLOOD ON CONTACT	
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	TO BE COMPLETED BY STAFF	ONLY	
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Refer To: □ Sick Call Doctor □	Nurse : □ Psychiatrist : □ Dentist >	□ DON : □ Other:	
		Fee ☐ \$3.00 Medication Renewal Fee	•
□ \$200.00 or actu	ual cost whichever is higher	☑ No Charge	
I understand pursuant to NRS 211.140	that I may be responsible for payment	for medical care (see back of this form).	
I understand that a Medical Access Fe	e and/or Medication Fee will be deduc	ted from my cash account.	
I understand that fees may be collected and money is deposited to my ca	ed at a later date if funds are not curre sh account, the amount Lowe for thes	ently available. If I do not have sufficient funds e services will be deducted before any funds a	to are
available to me. No inmate will be refuls provided.	sed in-house medical services based (upon an inability to pay at the time the healthca	are
Inmate Signature:	COLX-15	Date: 5/5/19	
Staff Signature:		e: 3/8//9 Time: 9:22	
INMATE NAME (please print)	ID#:	HOUSING:	
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Patient ID Number / Date o	of Birth			
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Your independent health care choice.

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Patient ID Number / Date of Birth		
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Mile	2-11-16
White Toney Name of Patient	73 16 19 Date
7-19-72 87-70790 Patient ID Number / Date of Birth	
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SUPREME COURT OF THE STATE OF NEVADA

TONEY A. WHITE

Supreme Court No: 78483

Appellant

E-filed

EXHIBIT 'A' - Part 2

MEDICAL RECORDS FROM CCDC



Will To NEY Name of Patient	
8270790 7/1972	
Patient ID Number / Date of Birth	
I have hereby clearly expressed following medical treatment/recommen	or indicated a decision to refuse to accept dations:
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